

## REPORT - HIPAA 835 to CCDB mapped fields only

| Loop                                    | SegID | HIPAA Name                      | DT | Req      | File | Field | DT | Comment | CommentType |
|---|-------|---------------------------------|----|----------|------|-------|----|---------|-------------|
| <b>Health Care Claim Payment/Advice</b> |       |                                 |    |          |      |       |    |         |             |
|   | ST    | Transaction Set Header          |    | R        |      |       |    |         |             |
|   | BPR   | Financial Information           |    | R        |      |       |    |         |             |
|   | TRN   | Reassociation Trace Number      |    | R        |      |       |    |         |             |
|   | CUR   | Foreign Currency Information    |    | S        |      |       |    |         |             |
|   | REF   | Receiver Identification         |    | S        |      |       |    |         |             |
|   | REF   | Version Identification          |    | S        |      |       |    |         |             |
|   | DTM   | Production Date                 |    | S        |      |       |    |         |             |
| 1000A                                   | N 1   | <b>Payer Identification</b>     |    | <b>R</b> |      |       |    |         |             |
| 1000A                                   | N 1   | Payer Identification            |    | R        |      |       |    |         |             |
| 1000A                                   | N 3   | Payer Address                   |    | R        |      |       |    |         |             |
| 1000A                                   | N 4   | Payer City, State, ZIP Code     |    | R        |      |       |    |         |             |
| 1000A                                   | REF   | Additional Payer Identification |    | S        |      |       |    |         |             |
| 1000A                                   | PER   | Payer Contact Information       |    | S        |      |       |    |         |             |
| 1000B                                   | N 1   | <b>Payee Identification</b>     |    | <b>R</b> |      |       |    |         |             |
| 1000B                                   | N 1   | Payee Identification            |    | R        |      |       |    |         |             |
| 1000B                                   | N 3   | Payee Address                   |    | S        |      |       |    |         |             |

| <i>Loop</i> | <i>SegID</i> | <i>HIPAA Name</i>                         | <i>DT</i> | <i>Req</i> | <i>File</i> | <i>Field</i> | <i>DT</i> | <i>Comment</i> | <i>CommentType</i> |
|-------------|--------------|---|-----------|------------|-------------|--------------|-----------|----------------|--------------------|
| 1000B       | N 4          | Payee City, State, ZIP Code               |           | S          |             |              |           |                |                    |
| 1000B       | REF          | Payee Additional Identification           |           | S          |             |              |           |                |                    |
| 2000        | LX           | Header Number                             |           | S          |             |              |           |                |                    |
| 2000        | LX           | Header Number                             |           | S          |             |              |           |                |                    |
| 2000        | TS3          | Provider Summary Information              |           | S          |             |              |           |                |                    |
| 2000        | TS2          | Provider Supplemental Summary Information |           | S          |             |              |           |                |                    |
| 2100        | CLP          | Claim Payment Information                 |           | R          |             |              |           |                |                    |
| 2100        | CLP          | Claim Payment Information                 |           | R          |             |              |           |                |                    |
| 2100        | CAS          | Claim Adjustment                          |           | S          |             |              |           |                |                    |
| 2100        | NM1          | Patient Name                              |           | R          |             |              |           |                |                    |
| 2100        | NM1          | Insured Name                              |           | S          |             |              |           |                |                    |
| 2100        | NM1          | Corrected Patient/Insured Name            |           | S          |             |              |           |                |                    |
| 2100        | NM1          | Service Provider Name                     |           | S          |             |              |           |                |                    |
| 2100        | NM1          | Crossover Carrier Name                    |           | S          |             |              |           |                |                    |
| 2100        | NM1          | Corrected Priority Payer Name             |           | S          |             |              |           |                |                    |
| 2100        | MIA          | Inpatient Adjudication Information        |           | S          |             |              |           |                |                    |
| 2100        | MOA          | Outpatient Adjudication Information       |           | S          |             |              |           |                |                    |
| 2100        | REF          | Other Claim Related Identification        |           | S          |             |              |           |                |                    |

| <i>Loop</i> | <i>SegID</i> | <i>HIPAA Name</i>                       | <i>DT</i> | <i>Req</i> | <i>File</i> | <i>Field</i> | <i>DT</i> | <i>Comment</i> | <i>CommentType</i> |
|-------------|--------------|---|-----------|------------|-------------|--------------|-----------|----------------|--------------------|
| 2100        | REF          | Rendering Provider Identification       |           | S          |             |              |           |                |                    |
| 2100        | DTM          | Claim Date                              |           | S          |             |              |           |                |                    |
| 2100        | PER          | Claim Contact Information               |           | S          |             |              |           |                |                    |
| 2100        | AMT          | Claim Supplemental Information          |           | S          |             |              |           |                |                    |
| 2100        | QTY          | Claim Supplemental Information Quantity |           | S          |             |              |           |                |                    |
| 2110        | SVC          | Service Payment Information             |           | S          |             |              |           |                |                    |
| 2110        | SVC          | Service Payment Information             |           | S          |             |              |           |                |                    |
| 2110        | DTM          | Service Date                            |           | S          |             |              |           |                |                    |
| 2110        | CAS          | Service Adjustment                      |           | S          |             |              |           |                |                    |
| 2110        | REF          | Service Identification                  |           | S          |             |              |           |                |                    |
| 2110        | REF          | Rendering Provider Information          |           | S          |             |              |           |                |                    |
| 2110        | AMT          | Service Supplemental Amount             |           | S          |             |              |           |                |                    |
| 2110        | QTY          | Service Supplemental Quantity           |           | S          |             |              |           |                |                    |
| 2110        | LQ           | Health Care Remark Codes                |           | S          |             |              |           |                |                    |
| 2110        | PLB          | Provider Adjustment                     |           | S          |             |              |           |                |                    |
| 2110        | SE           | Transaction Set Trailer                 |           | R          |             |              |           |                |                    |

| <i>Loop</i> | <i>SegID</i> | <i>HIPAA Name</i> | <i>DT</i> | <i>Req</i> | <i>File</i> | <i>Field</i> | <i>DT</i> | <i>Comment</i> | <i>CommentType</i> |
|-------------|--------------|-------------------|-----------|------------|-------------|--------------|-----------|----------------|--------------------|
|-------------|--------------|-------------------|-----------|------------|-------------|--------------|-----------|----------------|--------------------|

### Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

### Column Heading Legend:

"DT" = Data Type

### COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

### HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)